

3739

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/751,472

Filing Date 12/29/2000

First Named Inventor Dinesh Mody

Group Art Unit 3739

Examiner Name Shay, David

Total Number of Pages in This Submission 40 + Refs

Attorney Docket Number P028

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
- ☐ Fee Attached
- ☒ Amendment / Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☒ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):

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Remarks

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TECHNOLOGY CENTER R3700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Ross M. Carothers

Signature

Ross M. Carothers

Date

06/27/2003

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June 27, 2003

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Ross Carothers

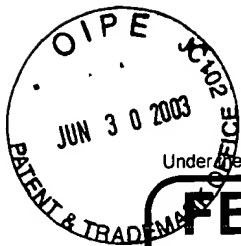
Signature

Ross M. Carothers

Date

06/27/2003

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FEE TRANSMITTAL for FY 2003 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/751,472
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	12/29/2000
		First Named Inventor	Dinesh Mody
		Examiner Name	David Shay
TOTAL AMOUNT OF PAYMENT (\$)		Group Art Unit	3739
		Attorney Docket No.	P028
TOTAL AMOUNT OF PAYMENT (\$)		\$180.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number		Fee Code	Fee (\$)
50-1894		1051	130
Deposit Account Name		2051	65
AFx inc.		1052	50
The Commissioner is authorized to: (check all that apply)		2052	25
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1053	130
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1812	2,520
<input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1812	2,520
		1804	920*
		1804	920*
		1805	1,840*
		1805	1,840*
		1251	110
		2251	55
		1252	410
		2252	205
		1253	930
		2253	465
		1254	1,450
		2254	725
		1255	1,970
		2255	985
		1401	320
		2401	160
		1402	320
		2402	160
		1403	280
		2403	140
		1451	1,510
		1451	1,510
		1452	110
		2452	55
		1453	1,300
		2453	650
		1501	1,300
		2501	650
		1502	470
		2502	235
		1503	630
		2503	315
		1460	130
		1460	130
		1807	50
		1807	50
		1806	180
		1806	180
		8021	40
		8021	40
		1809	750
		2809	375
		1810	750
		2810	375
		1801	750
		2801	375
		1802	900
		1802	900
		Other fee (specify) _____	
		SUBTOTAL (3) (\$)	
		\$180.00	

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1001 750	2001 375
Utility filing fee	
1002 330	2002 165
Design filing	
1003 520	2003 260
Plant filing fee	
1004 750	2004 375
Reissue filing	
1005 160	2005 80
Provisional filing fee	
SUBTOTAL (1) (\$)	
\$0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND	
Extra Claims Fee from below Fee Paid	
Total Claims	-20** = 0 X = 0.00
Independent Claims	-3** = 0 X = 0.00
Multiple Dependent	=
SUBTOTAL (2) (\$)	
\$0.00	

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ross M. Carothers	Registration No. (Attorney/Agent)	44,593
Signature	<i>Ross M. Carothers</i>	Telephone	510-651-7430
		Date	June 27, 2003

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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